



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**ON-SITE SEWAGE SYSTEM  
 CONSTRUCTION PERMIT APPLICATION FEE**

FEE RECEIPTS TRANSMITTAL NUMBER
DATE PAID
APPLICATION NUMBER
COUNTY OF CONSTRUCTION SITE
TELEPHONE NUMBER

NAME OF PROPERTY OWNER
ADDRESS OF CONSTRUCTION SITE (STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

**NON REFUNDABLE APPLICATION FEE      \$90.00      THIS IS NOT A PERMIT**

This fee must be received before the permit to construct can be issued.  
 Do not send cash, make check or money order payment to:  
**Missouri Department of Health and Senior Services**  
  
**MAIL TO:**    MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
                   FEE RECEIPTS  
                   P O BOX 570  
                   JEFFERSON CITY MO 65102

OFFICE USE ONLY
PERMIT NUMBER



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